

## HHW Program Survey for Fiscal Year 2005/2006

*Please complete as much of the information as possible. The survey results will be posted on our website in an effort to provide you with a state-wide perspective of HHW program data. Your responses are appreciated.*

<b>Public Agency:</b>		<b>County:</b>	
<b>Address:</b>		<b>City/Zip:</b>	
<b>Contact Name:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>What is the total population of your HHW program service area?</b>			
<b>Percentage of Waste collected from:</b>	<b>CESQG %:</b>	<b>CESQG Fee Collected?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Household %:</b>
<b>As a result of the sunset of the February 8, 2006 Universal Waste exemption that created new waste streams, how did your agency pay for the increase in (collection, transportation, disposal, public education) costs?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Increased tipping fee</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Grants through CIWMB</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Increased parcel fee</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Share costs via retail partnership</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>General Fund</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Not sure</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fee increase on garbage/utility rates</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other (specify below)</b>

### HHW Program Costs in FY '05/'06

Program / Events	Total Direct Collection Costs (exclude administration, publicity, and other indirect collection costs)	# of Participating Households*
A. Permanent Facility	\$0	
B. Temporary Facility	\$0	
C. Mobile Facility	\$0	
D. Recycle-only Facility	\$0	
E. Door to Door	\$0	
F. Curbside Program	\$0	
G. Load Check	\$0	
H. Other	\$0	
I. Total Disposal / Recycling Costs	\$0	
<b>Total HHW Program Costs (A - I)</b>	<b>\$0</b>	<b>0</b>

\*Totals should tie to "Section E. Participation" on Form 303a

Material(s) accepted:

Material	Volume collected/month	Disposal cost / unit (please specify unit, i.e., lb, tube, etc.)
Fluorescent tubes*		
Single-use batteries		
Rechargeable batteries		
Sharps		
Other		
<b>Total</b>	<b>0</b>	

*\*If you break out this material type further (i.e., compact fluorescents vs 4' or 8' tubes), please specify by adding the appropriate lines to the table.*

Retail Collection Partnerships and associated costs (skip this section if you have already submitted an HHW grant final report that collected information about take back partnerships).

### PARTNERSHIP A

Partnership Name:	
Number of stores / sites participating:	
Corporate or Independent?	
CIWMB grant-related project (please include grant cycle/number)?	

#### COST (in dollars)

Category	Who Pays: Include Direct and/or In-kind Costs								
	Retailer			Local Government			Customer		
Collection									
Disposal / Recycling									
Advertising									

### PARTNERSHIP B

Partnership Name:	
Number of stores / sites participating:	
Corporate or Independent?	
CIWMB grant-related project (please include grant cycle/number)?	

#### COST (in dollars)

Category	Who Pays: Include Direct and/or In-kind Costs								
	Retailer			Local Government			Customer		
Collection									
Disposal / Recycling									
Advertising									

### PARTNERSHIP C

Partnership Name:	
Number of stores / sites participating:	
Corporate or Independent?	
CIWMB grant-related project (please include grant cycle/number)?	

#### COST (in dollars)

Category	Who Pays: Include Direct and/or In-kind Costs								
	Retailer			Local Government			Customer		
Collection									
Disposal / Recycling									
Advertising									

Thank you for your cooperation and participation. Please return the Survey with Form 303a to:

Email address: [Form303@dtsc.ca.gov](mailto:Form303@dtsc.ca.gov)

Mailing address: DTSC, HHW Program - Form 303, PO Box 806, Sacramento, CA 95814-0806